How to use this document
This document provides guidance on the essential elements of an immunization communications plan, with special emphasis on elements that relate to crisis communication. Developing an immunization communications and crisis communications plan allows you to build and maintain trust in vaccines and demand for vaccination and prepare for vaccine safety events and crises.

How was this document developed?
This document is part of a WHO series of supporting documents concerning events that could erode confidence in vaccination. Such events can be related to vaccine safety, adverse events following immunization, changes in the vaccination programme, negative public debate, outbreaks or pandemics.

All documents were developed based on scientific evidence, laboratory research and fieldwork within psychology, social and behavioural science and communication and lessons learnt in countries. For an introduction to the theoretical background and evidence, refer to the WHO publication Vaccination and trust, available here: www.euro.who.int/vaccinetrust.

The supporting documents are intended for use by national
• ministries of health
• centers for disease control
• immunization programmes
• regulatory authority institutions.
Below is some guidance on the essential elements of an immunization communications plan, with special emphasis on elements that relate to crisis communication. Developing a communications plan, including a crisis communications plan, is vital in:

- building and maintaining demand for vaccination,
- building and maintaining public trust in vaccines and the authorities delivering them,
- creating population resilience against vaccine safety scares,
- preparing the population for changes in the vaccination schedule, such as the introduction of a new vaccine, e.g. a pandemic influenza vaccine,
- ensuring an immediate and efficient communications response to any vaccine safety event.

Stakeholders involved in developing the plan

A communications plan should always be developed with the engagement of all the stakeholders who will take part in implementing it. You should not leave it solely to an external consultant or to one person in the team. The following stakeholders should be part of the process.

**Developing the plan**

Managers and staff, including senior-level communications people from the immunization programme, the Ministry of Health, the Institute of Public Health, the Institute of Public Information and/or other ministries or institutions involved in communications for immunization.

**Reviewing, & providing feedback to the plan**

Ministries, institutions, key stakeholders

All those involved in communications for immunization or in responding to vaccine-related crises. For example, the National Immunization Technical Advisory Group (NITAG), other key experts, the Ministry of Social Affairs, the Health Board, the State Agency of Medicines, the Health Insurance Fund, the Society of Infectious Diseases, the Society of Family Doctors, the hospital sector and the national emergency/crisis response team.

**Endorsing the plan**

Senior management

Such as directors and senior managers.

It is recommended to start the process with a one-day workshop to discuss issues and challenges and set the course for the plan.
Elements of an immunization communications plan

The following elements should be included in your overall communications plan

1. Background
   Prepare a situation analysis, including the challenges, strengths and opportunities that relate to immunization communications. Include, for example, trends in immunization coverage, any possible anti-vaccination debates or vaccine safety scares in your country, prevalent myths or misperceptions about immunization. Include also relevant data and conclusions from reviews, studies or research conducted concerning immunization behaviours, attitudes or knowledge levels.

2. Goals
   The goals are generally to ‘inform’, ‘persuade’, ‘motivate’ or ‘achieve mutual understanding’ about issues that relate to vaccination and the immunization programme.

3. Objectives
   Objectives should be focused on the audience and be measurable. Define two to three statements that will support the achievement of your goals, for example:
   - informational (awareness);
   - motivational (action-oriented).

4. Target audiences
   Identify specific groups to whom the communications messages will be directed. Include, for example, vaccinees (children, adolescents, adults, pregnant women) and caretakers, and those who influence them, such as media, social media, relatives, community leaders etc. Include also key experts and stakeholders who influence public decisions and opinions, such as members of parliament, National Immunization Technical Advisory Group (NITAG) etc. Prioritize audiences in order of importance.

5. Messages
   Pinpoint what you want the target audience to hear and retain, including the risks and benefits associated with vaccines and with vaccine-preventable diseases. Design the key information that should be communicated. Think of general conceptual messages. What do they need to hear, about what, and what do you want them to do? Messages should be short and concise. It is helpful to develop three key messages for each target audience or for each anticipated question, each with some supporting facts.

6. Strategy
   The strategy describes how the objective is to be achieved. A strategy is a plan of action that provides guidelines and themes for the overall effort. Communications tools used to implement strategies may include news releases, social media, brochures, radio announcements, press conferences and media interviews. Make sure communications tools are appropriate for each audience. If time permits, pre-test materials and messages with members of the target audience in advance of a perceived immunization-related crisis (e.g. AEFI, vaccine recall, pandemic influenza vaccine introduction etc.).

7. Time frame
   Develop a timetable that shows the start and completion of each strategy.

8. Budget
   Define how much it will cost to implement the communications plan. Consider a contingency or emergency budget in place if warranted.

9. Monitoring
   Describe monitoring mechanisms. Not only to monitor progress and adjust activities accordingly, but also to monitor public and media opinion about vaccination and detect new misperceptions and rumours that you may need to respond to.

10. Evaluation
    Build in evaluation criteria — these should be realistic, credible and specific.

To READ MORE refer to:
- How to prepare a message map
euro.who.int/vaccinetrust
### Crisis Communication Plan Template

**Special considerations in crisis communications planning.**

Crisis requires extraordinary communications. Time is an issue, stakeholders are involved, and efficient communications can make the difference between mitigation or escalation of the crisis. Building on the overall communications plan, a set of special considerations in relation to crisis communications need to be prepared; either as part of the communications plan or as an annex:

1. **Contingencies**
   - Consider worst-case scenarios (e.g. severe AEFI) and develop response strategies. The plan must be flexible enough to accommodate different scenarios. Define:
     - preventive actions to alleviate impact or prevent the scenario from taking place. E.g. i) monitoring public opinion and responding to new misperceptions or events, ii) establishing relations with the media and key stakeholders and building their knowledge on immunization and diseases.
     - mitigating activities; i.e. first step actions to be taken to prevent a situation from escalating if the scenario does occur.

2. **First step actions**
   - Define communications actions that can be taken within a few hours of the event. Take into account national, regional and local levels. Preparations may include:
     - holding statements and key messages,
     - list of frequently asked questions with answers and key facts (e.g. on vaccine safety and vaccine-preventable diseases),
     - list of third party experts who would be effective information sources for the media (e.g. NITAG members),
     - media contact lists and call log,
     - list of the key stakeholders you need to keep informed,
     - list of immediate information channels to all stakeholders (e.g. web, social media, e-mails, press release),
     - vaccine reaction background rates.

3. **Holding statements**
   - Prepare statements that can be used for initial media encounters in most types of vaccine crisis. E.g. “We are committing all available resources to the investigation of this unfortunate incidence and doing our utmost to know the reasons behind it as soon as possible”, “Our deepest sympathy goes to those affected”, “We have implemented our crisis response plan”, “We will keep you informed and provide regular information via our website www.xxxxx and daily press briefings at the Ministry of Health”.

4. **Decision-making and information release authority**
   - Make sure that your plan has a signed endorsement from senior management, such as directors and senior managers. Define information approval mechanisms during crisis (who releases what, when, how) and procedures for information verification and expedited clearance.

5. **Roles and responsibilities**
   - Define clear roles and responsibilities during a crisis. Include guidance on coordination and collaboration between stakeholders representing different ministries and institutes and with different areas of expertise (e.g. paediatricians, epidemiologists and communicators).
   - Include a designated spokesperson (to whom everybody else refers journalists), how activities are coordinated, and who liaises with key internal and external stakeholders.

6. **Information sharing**
   - Define how information will be shared with key stakeholders, media and the public. Consider different routes to reach different audiences (e.g. face-to-face, announcements, web). Define mechanisms to ensure media inquiries are addressed as appropriate. Consider the media’s needs i.e. deadlines, and ease of obtaining information. Ensure all media outlets have access to updated information and methods to get answers (e.g. post press conference transcripts online, provide toll-free call-in lines).

7. **Monitoring public opinion**
   - Include guidance on monitoring public response (e.g. via social media and/or a hotline) to ensure an immediate response if warranted to any development, event or misperception.

8. **Contacts**
   - Prepare and continuously update lists with:
     - media contact information (national and local), including after-hours news desks,
     - members of crisis response teams after-hours contact numbers,
     - other relevant stakeholders.

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*To READ MORE refer to:*
- Stakeholder management
- Background rates
euro.who.int/vaccinetrust

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*To READ MORE refer to:*
- Checklist for preparedness
euro.who.int/vaccinetrust

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*To READ MORE refer to:*
- How to prepare a message map
- Four critical elements in the ongoing work to build and maintain confidence
- Four immediate steps when responding to an event that may erode trust
- Template Terms of Reference (TOR), Vaccine communication working group
- Stakeholder management
- How to monitor public opinion
euro.who.int/vaccinetrust